990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable IMPR BENEV & PROTECT ORD OF ELKS Doing Business As Address change **CAPITAL CITY LODGE 1147** 23-7621672 Number and street (or P O box if mail is not delivered to street address) Name change E Telephone number Initial return PO BOX 5006 (916) 359-1935 City or town, state or country, and ZIP + 4 Terminated SACRAMENTO 95817 G Gross receipts \$ Amended return CA Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Clarence Johnson PO BOX 5006, SACRAMENTO, CA 95817 H(b) Are all affiliates included? 501(c)(3) X 501(c) If "No," attach a list (see instructions) Tax-exempt status ◀ (insert no) 4947(a)(1) or Website: ► NA H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation M State of legal domicile 1981 CA Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 2,429 904 9 Program service revenue (Part VIII, line 2g) . . . 249,393 275,575 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 251.838 276,479 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5–10). 33.539 50,486 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a 9/1d, 11f-24e) 17 230,899 172,755 18 264,438 223,241 19 -12.60053,238 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16). 69.469 122,707 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 69,469 122,707 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct_and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian Signature of officer Here MOLIU.C Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid Ira Williams Ira Williams 3/16/2012 self-employed P00811895 **Preparer** Firm's EIN ► 27-1030737 ► INSTITUTE FOR INDEPENDENCE Firm's name **Use Only** Firm's address ▶ 4635 FREEPORT BLVD STE B, SACRAMENTO, CA 95822 (916) 688-5055 May the IRS discuss this return with the preparer shown above? (see instructions) Νo

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

_	90 (2011)	IMPR BENEV & PROTECT ORD OF ELKS	23-7621672	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		
1	Briefly de	scribe the organization's mission:		
•	•			
2		rganization undertake any significant program services during the year which were not listed	on	
	the prior f	Form 990 or 990-EZ?	Yes	X No
	If "Yes," o	describe these new services on Schedule O	_	
3		rganization cease conducting, or make significant changes in how it conducts, any program		
•			Tyes	X No
			1es	
		describe these changes on Schedule O		
4		the organization's program service accomplishments for each of its three largest program se		
		s. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to		of
	grants an	d allocations to others, the total expenses, and revenue, if any, for each program service rep	orted.	
4a	(Code.) (Expenses \$ including grants of \$) (Rever	nue \$)
				
4b	(Code:) (Expenses \$ including grants of \$) (Rever	110 \$	<u> </u>
75				
		•••••••••••••••••••••••••••••••••••••••		
4-	(Cada)	\/Cypanae @ including grants of @ \/Days		
4c	(Code.) (Expenses \$ Including grants of \$) (Rever	nue \$)
4d	Other pro	ogram services (Describe in Schedule O)		
	(Expense)	
4-	Total na	Agreem complete expenses.		

Form 990 (2011). IMPR BENEV & PROTECT ORD OF ELKS 23-7621672 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . Χ Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part 9 X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V. 10 If the organization's answer to any of the following questions is "Yes." then complete Schedule D. Parts VI. VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Х

C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		
	Schedule D, Parts XI, XII, and XIII.	12a	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_
14a		14a	_
b			_
_	fundraising, business, investment, and program service activities outside the United States, or aggregate		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	-	_
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV .	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		_
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	10	-
17	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 '' 	_
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	_
19	If "Yes," complete Schedule G, Part III	19	
00-			_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_
<u></u> b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_
		Form 99	9(

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<u> </u>		<u> </u>
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25 .	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		١
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			ļ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
24	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	ان		 ^
-	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within	1		
_	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	↓	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1		
	VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		1	
	19? Note. All Form 990 filers are required to complete Schedule O	38		
		Form	990	(2011)

Form **990** (2011)

	190 (2011) · IMPR BENEV & PROTECT ORD OF ELKS 23-702	10/2		age 3
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Ā	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?.	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	<u></u>	_	ļ. <u>.</u> .
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	90		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ł	1
a	and services provided to the payor?	7a	•	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		+~
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			†
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Ťχ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8	ļ	X
9	Sponsoring organizations maintaining donor advised funds.	1		_
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	X
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	-	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4	ł	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	┥		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		Ì	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	•	1
ıza b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	1	+
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	┪	ł	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	X
a	Note. See the instructions for additional information the organization must report on Schedule O.	- 	 	 ^
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	 x
b	If the state of th	14b	_	

IMPR BENEV & PROTECT ORD OF ELKS

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Part VI

	Check if Schedule O contains a response to any question in this Part VI			Ш
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	Х	
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		-	<u> </u>
~	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			_^_
-	the year by the following:			
а	The governing body?	8a		Χ
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	 		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C)	
	on B. I Guesa (I'ma addition B raquesta information about policies not required by the internal revenue C	,000.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	· · · · · · · · · · · · · · · · · · ·	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	·		 ^
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		$\frac{\lambda}{X}$
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1.55		 ^
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ŀ		
. va	with a taxable entity during the year?	16a	-	х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		├^
.,	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		İ
Sect	ion C. Disclosure	1 100	<u> </u>	Щ
17	List the states with which a copy of this Form 990 is required to be filed ► CA			_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501	(0)(3)	s only	
	available for public inspection. Indicate how you made these available. Check all that apply	(0)(0)	S UIII	y)
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest	et		
	policy, and financial statements available to the public	Jl		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	_		
	organization ► W. THOMAS HUGHES (916) 453-9			
	3706 STOCKTON BLVD, SACRAMENTO, CA 95820			

Form 990 (2011) ,	IMPR BENEV & PROTECT ORD OF ELKS	23-7621672	Page 7
Part:VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 List persons in the following order, individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per	(do n	ot ch	Pos eck	c) ition more		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Clarence Johnson President	4 00	х		Х						
(2) Thomas Hughes Secretary	4.00	х		Х						
(3) Maurice Carr Treasurer	4.00	х		Х						
(4)										
(5)										···
(6)										
(7)										
(8)										<u> </u>
(9)								-		
(10)								-		· · · · · · · · · · · · · · · · · · ·
(11)										
(12)			<u> </u>							
(13)										
(14)										

Page 8

Pa	rt VII Section A. Officers, Directors, T	rustees, Key E	mple	oye	es,	and	l Higl	hes	t Compensated	d Employees	(contin	ued)_	
	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles er an	Pos neck ss pe	rson Irrect	Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	com) fr org	(F) stimated mount o other ipensati om the anizatio d relate anizatio	of tion e on ed
(15)						<u> </u>							
(16)													
(17)											1		
(18)													
(19)													
(20)													
(21)				<u> </u>									
(22)											 		
(23)													
(24)													
(25)													
C	Total from continuation sheets to Part VII, Total (add lines 1b and 1c). Total number of individuals (including but not reportable compensation from the organization Did the organization list any former officer, d	limited to those	e liste	ed a	bov	e) v	vho r	ece				Yes	No
4	employee on line 1a? If "Yes," complete Sche For any individual listed on line 1a, is the sun					n a	nd ot	her	compensation	rom	3		Х
	the organization and related organizations greated individual	eater than \$150					-	lete 	Schedule J for	such 	4		_ X
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "									individual	5		х
Sec	tion B. Independent Contractors	•								_			
1	Complete this table for your five highest componentation from the organization. Report of year											ax	
	(A) Name and business add	fress							(B) Description of se	rvices	(C Compe		_
								\vdash					
								\vdash					
								\vdash					
								L					
2	Total number of independent contractors (inc more than \$100,000 of compensation from the	_	imited •	d to	tho	se I	isted	abo	ove) who receive	ed			

Form 9	90 (201	11), IMPR BENEV & PROTECT ORD OF ELKS				23-76216	72 Page 9
Par	t.VIII	Statement of Revenue					
:				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats at	1a	Federated campaigns 1a					i
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues 1b	904				
S, E	С	Fundraising events 1c					
ar Ja	d	Related organizations 1d					
s, C	e	Government grants (contributions) 1e					
io S	f	All other contributions, gifts, grants, and					•
ᅗ		similar amounts not included above 1f	İ				
وَ ظِ	ا م	Noncash contributions included in lines 1a-1f: \$				1	İ
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f		904			
			siness Code				<u> </u>
ž	2a	BAR INCOME		217,929			•
eve	i .	DOOR		55,668	· · · · · · · · · · · · · · · · · · ·		<u> </u>
2	b						ļ
돌	C	DARTS		430			
Se	d	RENT		343			
īa Ē	e	JUKE BOX		1,205		<u> </u>	
Program Service Revenue	†	All other program service revenue .					
	9_	Total. Add lines 2a–2f	>	275,575	***		
	3	Investment income (including dividends, interest, an	nd				
	ļ	other similar amounts)	. ▶				
	4	Income from investment of tax-exempt bond procee	ds . ▶ [
	5	Royalties	. ▶[[
		(i) Real (i	i) Personal	-			
	6a	Gross rents					
	Ь	Less rental expenses .		Ì			
	C	Rental income or (loss)					İ
	d	Net rental income or (loss)	•				
	7a		(II) Other		-	<u> </u>	
	'-	assets other than inventory .				1	
	Ь	Less cost or other basis		ł			
	"	and sales expenses		1			
		Gain or (loss)		Ì			
	d	Not goin or (loca)					
	l u	Net gain or (loss)	• •			-	
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less. direct expenses b					<u>_</u>
•	С	Net income or (loss) from fundraising events	. ▶				
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less. direct expenses b					
		· · · · · · · · · · · · · · · · · · ·				1	
		Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b			ė		
	<u>C</u>	Net income or (loss) from sales of inventory	•				
	L	Miscellaneous Revenue Bu	siness Code	_		_	
	11a						
	b						
	C						
	d	All other revenue			-,		
	e	Total. Add lines 11a–11d	. ▶				
	12	Total revenue See instructions		276 479			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and				- '			
	organizations in the United States. See Part IV, line 21			:				
2	Grants and other assistance to individuals in the							
	United States See Part IV, line 22							
3	Grants and other assistance to governments,							
	organizations, and individuals outside the							
	United States. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
c	trustees, and key employees Compensation not included above, to disqualified	-						
6	persons (as defined under section 4958(f)(1)) and							
	persons (as defined under section 4936(r)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	33,332	33,332					
8	Pension plan accruals and contributions (include	33,332						
·	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits				*			
10	Payroll taxes	17,154	17,154					
11	Fees for services (non-employees)							
а	Management							
b	Legal				<u> </u>			
C	Accounting	3,265	3,265					
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees	472	472					
g	Other							
12	Advertising and promotion	100	100					
13	Office expenses	550	550	 .				
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel				·			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates	775	775					
22	Depreciation, depletion, and amortization	4,416	4,416		·			
23	Insurance	4,198	4,198					
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses in line 24e If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	BAR SUPPLIES	70,768	70,768					
b	OPERATION EXPENSES	22,792	22,792					
C	TAXES & LICENSE	18,363	18,363					
d	REPAIR & MAINTENANCE	2,443	2,443					
e	All other expenses SCH O	44,613	44,613					
25	Total functional expenses. Add lines 1 through 24e	223,241	223,241					
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs							
	from a combined educational campaign and fundraising solicitation. Check here if							
	following SOP 98-2 (ASC 958-720)							
	ioliowing 30F 30-2 (A30 330-120)							

Balance Sheet

(A) (B) Beginning of year End of year Cash—non-interest-bearing 12,830 1 31,654 2 Savings and temporary cash investments . . . 2 28,776 3 Pledges and grants receivable, net . 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . 7 Notes and loans receivable, net 7 Inventories for sale or use . . 8 8 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a 120,962 Less accumulated depreciation . . b 10b 58,685 56,639 10c 11 Investments—publicly traded securities . 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 . . . 13 14 Intangible assets . . 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 69,469 16 122,707 17 Accounts payable and accrued expenses . . . 17 18 Grants payable . 19 Deferred revenue. 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 Temporarily restricted net assets . 28 28 29 Permanently restricted net assets . . . Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 45,956 30 122,707 31 Paid-in or capital surplus, or land, building, or equipment fund. 31 32 Retained earnings, endowment, accumulated income, or other funds 23,513 32 33 69,469 33 122,707 Total liabilities and net assets/fund balances 69,469 34 122,707

Form 9	990 (2011) IMPR BENEV & PROTECT ORD OF ELKS	23-76	21672	Pag	ge 12
Pari	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		276	3,479
2		2			3,241
3		3			,238
4	·	4		_	,469
5		5			<u> </u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
_		6		122	<u>2,707</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш.
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?	•	2b		$\frac{\hat{x}}{x}$
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in		2c		
	Schedule O				t
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:				ļ ;
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	•	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	required addit of addits, explain why in ochedule of and describe any steps taken to diddetyo such addits			000	(2011)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number IMPR BENEV & PROTECT ORD OF ELKS 23-7621672 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?. Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . C 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

. . .

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

d

Equipment . .

Other

Part VII	Investments—Other Securiti	es. See Form 990, Par	t X, line 12	
	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
• •	al derivatives			
	held equity interests			
(C)				
(D)				
(E)				. .
(F)				
(H)				
(I)	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Relation	ted See Form 990 Par	rt X line 13	
rait VIII			(c) Method of value	lation
	(a) Description of investment type	(b) Book value	Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				· · · · · · · · · · · · · · · · · · ·
(8)		-		
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990,	,	· · · · · · · · · · · · · · · · · · ·	
		a) Description		(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	lumn (b) must equal Form 990, Part X,	col (B) line 15)		
Part X	Other Liabilities. See Form 9			
1.	(a) Description of liability	(b) Book value		
(1) Feder	al income taxes			ı
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)	,			
(10)				
(11)				
	(b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		
	(ASC 740) Footnote In Part XIV, provi		to the organization's financial state	ements that reports the
organizatio	on's liability for uncertain tax positions	under FIN 48 (ASC 740)		

Sched	ule D (Form 990) 2011			Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to	Audited Financial	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10	_
Par	XII Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains on investments	_2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	_4b		
С	Add lines 4a and 4b.		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Par	Reconciliation of Expenses per Audited Financial Stateme	ents With Expense	es per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_ 1		
a	Donated services and use of facilities	2a	<u> </u>	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		. <u>2e</u>	
3	Subtract line 2e from line 1	· · · · ·	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4 -		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
C E	Add lines 4a and 4b		4c 5	
5 Par	t XIV Supplemental Information	·/·		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F	Part III lines to and	A Dart IV lines	lh
	piete this part to provide the descriptions required for Part II, lines 3, 3, and 9, P 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Pa			
	part to provide any additional information	art Am, imes zu and	4b. Also comple	ıc
4110	and to provide any additional information			
	••••••			

IMPR BENEV & PROTECT ORD OF ELKS

23-7621672

Schedule D (Form 9	990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
	•	
	•	
,	•••••••••••••••••••••••••••••••••••••••	
=: : -		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047
2011
Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

(7) (8) (9) (10) ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the	organization					E	mployer	identific	cation	number		
IMPR BE	NEV & PROTECT ORD OF ELKS	3				23	-76216	372				
Part I						zations only)					
	Complete if the organization	answered	"Yes" o	n Form 990, Part I	V, line 25a or	25b, or For	m 990	-EZ, P	art V,	line 40)b	
1	(a) Name of disqualified per	rson			(b) Description	of transaction				(c) Cor	rected?	
					(5) 2000					Yes	No	
<u>(1)</u>										<u> </u>	L	
(2)										<u> </u>		
(3)										∔		
(4)										<u> </u>	<u> </u>	
(5)										 	ļ	
(6)		46									<u> </u>	
	Enter the amount of tax imposed on the control of t	_	anization	• ,	uaimed perso	ns auring th	e year		æ			
-	Enter the amount of tax, if any, on	 line 2 .ah	ovo rom						* *			
3 [enter the amount of tax, if any, on	iiile z, al	iove, rein	ibursed by the orga	anizadon		٠		Φ			
Part II	Loans to and/or From Inter	rested Pe	rsons.									
	Complete if the organization	answered	d "Yes" o	n Form 990, Part I	V, line 26, or l	Form 990-E	Z, Par	t V, lin	e 38a			
(a) N	Name of interested person and purpose		to or from	(c) Original	(d) Balance		default?		proved	(g) Written		
, .		the orga	anization?	principal amount			by board		ard or	or agreement?		
								comm	nittee?			
		То	From			Yes	No	Yes	No	Yes	No	
(1)												
(2)												
(3)									L			
(4)								<u> </u>	<u> </u>	<u> </u>	ļ	
(5)			<u> </u>				ļ <u>.</u>	 	<u> </u>	┿	ļ	
(6)			ļ					↓	<u> </u>	+	<u> </u>	
<u>(7)</u>			1				-	├─	\vdash	—	├	
(8)					-		<u> </u>	├ ─	—	┼	 	
(9)			1				<u> </u>	—	—	 	 	
(10) Total		_ L	<u> </u>		<u> </u>			\vdash	Ь	┼──	<u> </u>	
Total . Part III	Grants or Assistance Bene	· ·	· ·	▶ \$)	ł		<u> </u>				
raitiii	Complete if the organization				V line 27							
		- Y					\					
	(a) Name of interested person	(D)		organization	son and the	(c) /	Amount	and type	or assis	stance		
(1)												
(2)												
(3)				· · · · ·								
(4)					-							
(5)												
(6)		1										

(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
		0.94/			Yes	No
(1)			·	······································	100	
(2)						
(3)					ļ	
(4) (5)			-		+	
(6)						_
(7)						
(8)						
(9)	·					_
(10) -Part V	Supplemental Information		<u></u>			<u> </u>
aitv			sponses to question	s on Schedule L (see instruct	ions).	
	, , , , , , , , , , , , , , , , , , ,		<u> </u>		,	
						· -
·						
·						

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Employer identification number

IMPR BENEV & PROTECT ORD OF ELKS 23-7621672 Form 990 Part IX Line 24E OTHER EXPENSE \$4334 Form 990 Part IX Line 24E HOUSE COMMITTEE \$2163 Form 990 Part IX Line 24E MISCELLANEOUS \$11,500 Form 990 Part IX Line 24E EQUIPMENT RENTAL \$3500; DUES 323, UTLITITIES \$16,905 Form 990 Part IX Line 24E Bank Account compromised for unauthorized transaction of \$5,888 46 This references Question #5 in Section VI. Bank is still researching. All cards have been closed and new ones issused.

Scriedule O (Form and or and E.) (2011)	Page Z
Name of the organization IMPR BENEV & PROTECT ORD OF ELKS	Employer identification number 23-7621672
IN IN DENEY OF THE ONE OF TENE	20 702 1012

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

➤ See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates Identifying number

IMF	PR BENEV & PROTECT ORD OF	ELKS 990					23-7621672			
_	rt I Election To Expense		erty Und	ler Section 1	79					
	Note: If you have any listed p	property, complete	Part V befo	ore you complete	Part I					
1	Maximum amount (see instruction	s)						1		
	Total cost of section 179 property placed in service (see instructions)									
	Threshold cost of section 179 pro				nstructions) .			3		
	Reduction in limitation Subtract lii					•		4		
5	Dollar limitation for tax year. Subti	ract line 4 from l	line 1 If z	ero or less, en	ter -0 If mari	ried filing				
	separately, see instructions .							5		
6	(a) Description of p				st (business use	only)	(c) Elected co	st	-	
7	Listed property. Enter the amount	from line 29 .				. 7				
	Total elected cost of section 179				es 6 and 7			8		
9	Tentative deduction Enter the sm	aller of line 5 or	r line 8					9		
10	Carryover of disallowed deduction	from line 13 of	your 2010	0 Form 4562	•			10		
11	Business income limitation. Enter	the smaller of b	usiness ir	ncome (not less	than zero) o	r line 5 (see ın	structions).	11		
12	Section 179 expense deduction. A	Add lines 9 and	10, but do	not enter more	than line 11			12		
13	Carryover of disallowed deduction	to 2012 Add III	nes 9 and	10, less line 1	2	. ▶ 13	-			
	te: Do not use Part II or Part III be									
Pa	rt II Special Depreciation	Allowance a	nd Othe	r Depreciatio	n (Do not ir	clude listed	property.) (Se	e inst	ructio	ns)
14	Special depreciation allowance fo	r qualified prope	erty (other	than listed pro	perty) placed	ın service				•
	during the tax year (see instruction	ns)						14		
15	Property subject to section 168(f)((1) election						15		
16	Other depreciation (including ACF	RS)						16		
Рa	rt III MACRS Depreciation	n (Do not inclu	ide listed	property.) (S	ee instructio	ns)				
			Sect	ion A						
17	MACRS deductions for assets pla	iced in service ir	n tax year	s beginning be	fore 2011			17		<u>4,416</u>
18	If you are electing to group any as	sets placed in s	ervice du	ring the tax yea	ar into one or	more				
	general asset accounts, check he	re .					▶[
	Section B - Assets	Placed in Servi	ice Durin	g 2011 Tax Ye	ar Using the	General Dep	reciation Syste	em		
		(b) Month and		s for depreciation		1				
	(a) Classification of property	year placed	1 ''	s/investment use	(d) Recovery	(e) Convention	(f) Method	(a) De	epreciatio	n deduction
	(2)	in service	only—s	ee instructions)	period	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	(.,	""	,	
19	a 3-year property				 					
	b 5-year property				<u> </u>					
	c 7-year property	1						 		
	d 10-year property	1						†		
	e 15-year property	1								
	f 20-year property	1						1		
	g 25-year property	1			25 yrs	-	S/L			·
	h Residential rental				27 5 yrs	MM	S/L			
	property			-	27 5 yrs	MM	S/L			
	i Nonresidential real			<u> </u>	39 yrs.	MM	S/L	1		
	property				7	MM	S/L	T		
	Section C - Assets P	laced in Servic	e Durina	2011 Tax Yea	r Usina the A			tem		
20	a Class life		_			1	S/L	T		
	b 12-year	1		· · · · · · · · · · · · · · · · · · ·	12 yrs		S/L	1		
	c 40-year		<u> </u>		40 yrs.	MM	S/L	1		
Pa	IT IV Summary (See instru	ctions)			<u>,,</u>		, -,-			
	Listed property. Enter amount fro							21		
	Total. Add amounts from line 12,		h 17. lines	s 19 and 20 in	column (a). ai	nd line 21.	· · ·	<u></u> -		
	Enter here and on the appropriate						ions	22		4,416
23	For assets shown above and place						T			7,710
			-	· ·		. 23				
	of the basis attributable to section	1263A costs				. 143				